

State of Hawaii  
Department of Health  
Health Resources  
Emergency Medical Services & Injury Prevention System  
Branch

**Addendum 2**

**December 1, 2004**

**To**

**Request for Proposals**

**HTH 730-2**  
**Emergency Medical Services**  
**For Kauai County**  
October 12, 2004

December 1, 2004

**ADDENDUM NO. 2**

To

**REQUEST FOR PROPOSALS  
Emergency Medical Services for Kauai County  
HTH 730-2**

The Department of Health Emergency Medical Services and Injury Prevention System Branch is issuing this addendum to RFP No. HTH 730-2, Emergency Medical Services for Kauai County for the purposes of:

- ☐ Responding to questions that arose at the orientation meeting of November 17, 2004 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☒ Amending the RFP.

The proposal submittal deadline:

- ☐ is amended to <new date>.
- ☒ is not amended.

Enclosed is (are):

- ☐ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☒ Amendments to the RFP.

Should you have any questions, contact:

Clay Chan, Program Specialist

808-733-8328

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Emergency Medical Services and Injury Prevention System Branch

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Honolulu, Hawaii 96816

HTH 730-2 Emergency Medical Services for Kauai County is amended as follows:

*Subsection Page*

**Section 5, Attachment B - REPORT OF EXPENDITURE**

- A. PERSONNEL COST, is amended as follows:  
Item #4 has been added to identify Non-Holiday Overtime.
- B. OTHER CURRENT EXPENSES, is amended as follows:  
Item #6 has been added to identify Drugs/Medication expenditure.  
Item #12 has been added to identify Motor Vehicle Gas and Oil expenditure.  
Item #13 has been added to identify Motor Vehicle Repairs and Maintenance expenditure.  
Item #23 has been added to identify General Excise Tax expenditure.  
Item #24 has been added to identify Administrative Overhead (including profit) costs.

**REPORT OF EXPENDITURES**

Reporting Period Covered: _____						
EXPENDITURE  CATEGORIES	CONTRACT COST					
	BUDGET	ACTUAL			BALANCE	% EXPENDED
		Prior Periods to Date (Cumulative)	Current Reporting Period	Contract Period to Date (b) + (c)		
	Total Contract (a)	(b)	(c)	(d)	(a) - (d) (e)	(d / a) (f)
<b>A. PERSONNEL COST</b>						
1. Salaries				0	0	0.00
2. Payroll Taxes & Assessments				0	0	0.00
3. Fringe Benefits				0	0	0.00
4. Non-Holiday Overtime				0	0	0.00
<b>TOTAL PERSONNEL COST</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>B. OTHER CURRENT EXPENSES</b>						
1. Airfare, Inter-Island				0	0	0.00
2. Airfare, Out-of-State				0	0	0.00
3. Audit Services				0	0	0.00
4. Contractual Services - Administrative				0	0	0.00
5. Contractual Services - Subcontracts				0	0	0.00
6. Drugs/Medication				0	0	0.00
7. Insurance				0	0	0.00
8. Lease / Rental of Equipment				0	0	0.00
9. Lease / Rental of Motor Vehicle				0	0	0.00
10. Lease / Rental of Space				0	0	0.00
11. Mileage				0	0	0.00
12. Motor Vehicle Gas and Oil				0	0	0.00
13. Motor Vehicle Repair & Maintenance				0	0	0.00
14. Postage, Freight & Delivery				0	0	0.00
15. Publication & Printing				0	0	0.00
16. Repair & Maintenance				0	0	0.00
17. Staff Training				0	0	0.00
18. Subsistence / Per Diem				0	0	0.00
19. Supplies				0	0	0.00
20. Telecommunication				0	0	0.00
21. General excise tax				0	0	0.00
22. Administrative Overhead (including profit)				0	0	0.00
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>C. EQUIPMENT PURCHASES</b>						
				<b>0</b>	<b>0</b>	<b>0.00</b>
<b>D. MOTOR VEHICLE PURCHASES</b>						
				<b>0</b>	<b>0</b>	<b>0.00</b>
<b>TOTAL EXPENDITURES</b>						
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>
<b>CONTRACT REVENUES RECEIVED</b>						
For Official Use Only      <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Signature of Program Reviewer _____             Signature of Fiscal Reviewer _____         </div> <div style="width: 10%; text-align: center;">           D             Date         </div> <div style="width: 45%;">           Name (Please Type or Print) _____             Signature of Awardee's Authorized Official _____             Name and Title (Please Type or Print) _____         </div> <div style="width: 10%; text-align: center;">           Phone             Date         </div> </div>				DECLARATION: I declare that this report, including any accompanying schedules or statements has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the reporting period(s) stated.  Report Prepared By:		